

OFFICE OF THE GOVERNOR
REQUEST FOR APPOINTMENT CONSIDERATION
BIOGRAPHICAL INFORMATION FORM

Please state below, the board or commission or general subject area in which you have an interest:

Application for: ☐ New Appointment ☐ Reappointment

Name: _____

Date of Birth: _____ ☐ US Citizen ☐ Registered Voter MD resident since _____

Race: _____ Gender: _____ (Ethnic/gender data is solely to assure diversity in representation)

Home Address: _____

City: _____ State: _____ Zip: _____

Resident County: _____

MD Legislative District: _____ MD Congressional District: _____ Council or Commission District: _____

Occupation: _____

Employer: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Phones: (Office): _____ (Home): _____

(Cell): _____ (Fax): _____

Email Address: _____

Sponsoring Organization (If Any): _____

Have you ever been a party (plaintiff or petitioner/defendant or respondent) to any civil, criminal, juvenile or administrative proceeding?

☐ No ☐ Yes (Specify): _____

Do you hold a Maryland license to practice a profession or trade? ☐ Yes ☐ No

If yes, specify License: _____

Have you ever had a license to practice a profession or trade, whether held in Maryland or another state, revoked or suspended?

☐ No ☐ Yes (Specify): _____

Are you an officer or director of, or engaged in lobbying activity for, any organization? ☐ Yes ☐ No

Specify Organization or Activity: _____

Do you hold, or have you held in the past, an elected or appointed office within Federal, State or local government, or a political party? ☐ Yes ☐ No

Specify Office:

Specify Dates:

Have you filed all Federal and State tax returns that are now due or overdue and are all payments thereupon up to date?

☐ Yes ☐ No (Explain):

Have Federal, State or local authorities ever instituted a lien or other collection procedures against you?

☐ No ☐ Yes (Explain):

List the names, business addresses, and business telephone numbers of at least 2 individuals who are familiar with your professional qualifications and who have known you for more than the last five years:

1.

2.

Please attach a resume that includes information concerning your academic background, work experience and professional, political and civic organization affiliations. If a resume is not available, please supply requested information in spaces provided below.

ACADEMIC BACKGROUND:

WORK EXPERIENCE:

ORGANIZATIONAL AFFILIATIONS:

I certify that, to the best of my knowledge and belief, all the information contained in and attached to this questionnaire is true, correct and complete. I understand and agree that I am required to notify the Office of the Governor in writing if any of the information contained in or attached to this questionnaire changes.

Signature of applicant: _____ Date: _____

Completed forms may be returned to:
Governor's Appointments Office, State House, Annapolis, Maryland 21401-1991
Phone: (410) 974-2611 Fax: (410) 974-2456 Email: appointments@gov.state.md.us